

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000081532 (1)

1. Corporation Name

LEE BRU CORPORATION



Principal Place of Business

Mailing Address

285 NW 199 ST
#204
MIAMI FL 33169
US

285 NW 199 ST
#204
MIAMI FL 33169
US

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

65-0534184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELBER/APPEL & CO
285 NW 199 ST
#204
MIAMI FL 33169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: D
KEIZLER, LEE
160 W DIVERSEY PARKWAY APT 3
CHICAGO IL 60614

1.2 NAME ☐ DELETE

NAME: D
KEIZLER, BRUCE
4521 17TH ST APT 6
SAN FRANCISCO CA 94114

1.3 NAME ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE:

NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1640 W. DIVERSEY PARKWAY APT #3
1.4 CITY - ST - ZIP Same

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2120 CALIFORNIA STREET #1
2.4 CITY - ST - ZIP San Francisco, CA 94115

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ASSY. Sec. X 1/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)